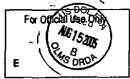
U S Department of Laboş Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1
6] / 01 / 2004 Through 12 / 31 / 2004
4 Name file number and address of labor organization
Name IST LOCAL 202  Labor Organization File Number 0361/9
PO Box Building and Room Number if any RM # 12A
Street NYC TERMINAL MKT
City BRONX
State NY ZIP Code +4 10474

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
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Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the
undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

		Malak	
Signed	narles	Machadia	

On	8-10-05
	Date

(718) 328-7000

B Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent or idirectly to or otherwise
8 Name and address of Business (including trade name if any)  Name UNITED TEAMSTER FUND  Trade Name if any  PO Box Bidg Room No if any  Street 2/37 - 2/47 UTICA AVE  City BRCOKLYN  State NY ZIP Code + 4 //23 + 1	9 Business deals with  X a Labor Organization  X b Trust  c Employer
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box, Bidg. Room No. if any	11 a Nature of such dealing
Street City	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received
State : ZIP Code + 4	
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C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name AMALGAMATED RANK	BUSINESS LUNCH WITH POTENTIAL
Trade Name if any	VENDOR.
PO Box Bidg Room No If any Street 15 UNION SQUARE	j
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13 b Is the Business an Employer X or Consultant : ? ?	14 b Amount of payment.

File Number **U** 

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13.b Is the Business an Employer |Xi

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